



SUMMERFEST FOOD VENDOR APPLICATION

Mishawaka Summerfest #32
June 26-27th, 2015

Merrifield/Crawford Park
1000 E. Mishawaka Ave
Mishawaka, IN 46544



VENDOR INFORMATION

Booth Name: _____
Contact Name: _____
Address: _____ Phone # (s): _____
City, State, Zip: _____ Website: _____
Email:* _____
** Email will be mandatory for all future mailings*

TRAILER INFORMATION

Serving Window Location ☐ Long (side) ☐ Short (end) ☐ Three sides ☐ Other _____
Trailer Dimensions (without awnings or hitch): _____
Electrical Requirements (110 or 220? How many amps? # of outlets?): _____
Menu Items: _____
Please check all that apply: ☐ Removable hitch ☐ Supply truck will be on site
☐ Electric can be direct wired ☐ Have awnings (add'l feet per side _____)

RELEASE AND INDEMNIFICATION AGREEMENT

For and in consideration of the City of Mishawaka allowing the undersigned to participate in the Mishawaka Summerfest on June 26th and 27th, 2015, the undersigned hereby releases and agrees to indemnify and hold harmless the City of Mishawaka, Indiana, the Mishawaka Parks and Recreation Department, the Mishawaka Summerfest Committee, their agents, employees, and officials from any and all actions, causes of action, claims, damages, demands, judgments, executions, costs, expenses, including attorney fees, and all other claims for damages whatsoever which may hereafter be made, instituted, filed or recovered against the City of Mishawaka, Indiana, the Mishawaka Parks and Recreation Department, the Mishawaka Summerfest Committee, their agents, employees, and officials by the undersigned and any other person as the result of participating in this event.

Date: _____

Vendor Signature: _____
X

2015 FOOD VENDOR FEE/APPLICATION DEADLINE

\$750.00 before 3/16/15

\$1000.00 after 3/16/15

**ALL REGISTRATION FEES
ARE NON-REFUNDABLE!**

**Check/Money Order Payable to
"City of Mishawaka" and mail to:**
Carmen Carpenter c/o
Mishawaka Parks Department
904 N. Main St., Mishawaka, IN 46545
Ph: (574) 258-1664 Fax: (574) 258-1736

Office Use Only :

Receipt #:	Amount Paid:	Check/M.O. #:	Date Paid:
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